

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	70385	
O.I.P.E. CLASSIFIER		16	3 4 99
FORMALITY REVIEW	M.M.	71620	3-11-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	
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34	✓
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42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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60	✓
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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